

The Remi Group Endorsement Request Form

Send the Below Information to Nancy Dodd at NDodd@theremigroup.com
Or Toll Free Fax: 866-497-9397

Department Name: _____
Requested by: _____

Agency / Sub Agency Number: _____
Phone Number: _____

Item #1	Item #2	Item #3
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Quote <input type="checkbox"/> Delete If Deleting, please check reason: <input type="checkbox"/> Equipment Obsolete <input type="checkbox"/> Placed Under Service Contract <input type="checkbox"/> Replacement of Equipment <input type="checkbox"/> Other: _____ _____ _____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Quote <input type="checkbox"/> Delete If Deleting, please check reason: <input type="checkbox"/> Equipment Obsolete <input type="checkbox"/> Placed Under Service Contract <input type="checkbox"/> Replacement of Equipment <input type="checkbox"/> Other: _____ _____ _____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Quote <input type="checkbox"/> Delete If Deleting, please check reason: <input type="checkbox"/> Equipment Obsolete <input type="checkbox"/> Placed Under Service Contract <input type="checkbox"/> Replacement of Equipment <input type="checkbox"/> Other: _____ _____ _____ _____ _____
Effective Date of Change:	Effective Date of Change:	Effective Date of Change:
Warranty Period:	Warranty Period:	Warranty Period:
Manufacturer:	Manufacturer:	Manufacturer:
Model:	Model:	Model:
Serial #:	Serial #:	Serial #:
Description:	Description:	Description:
Purchase Cost:	Purchase Cost:	Purchase Cost:
Volume Usage:	Volume Usage:	Volume Usage:
Service Vendor:	Service Vendor:	Service Vendor:
Current Service Contract Cost \$	Current Service Contract Cost \$	Current Service Contract Cost \$

Additional Information:

Please provide a copy of your current maintenance contract if available.